SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

ı	FOR LINE	NUMBER	: PAGE	267 OF	527
ı	(check only	/ one)			
	X 11a	11b	11c	12	
	13	14	15	16	17

	d Statements may not be sold or used by any per the name and address of any political committee	
NAME OF COMMITTEE (In Full) New York Life Insurance Con	npany Political Action Committee	
Full Name (Last, First, Middle Initial) Mr. Michael F. Barry	Date of Receipt	
Mailing Address 3 Evergreen Lane	10 31 2015	
City Walpole	State Zip Code MA 02081-2142	Transaction ID : PR5476213406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer New York Life Insurance Company Receipt For: Primary General	Occupation Agent Aggregate Year-to-Date ▼	
Other (specify) ▼	2500.00	P/R Deduction (\$250.00 Monthly)
Full Name (Last, First, Middle Initial) Ms. Eileen P. Besaw	Date of Receipt	
Mailing Address 167 Nobscot Road	10 31 2015	
City Sudbury	State Zip Code MA 01776-3339	Transaction ID : PR5476313406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	20.84
Name of Employer New York Life Insurance Company	Occupation Agent	-
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 208.40	P/R Deduction (\$20.84 Monthly)
Full Name (Last, First, Middle Initial) . Mr. Tony DeLeon	Date of Receipt	
Mailing Address 1101 W Annie Street	10 31 2015	
City Austin	State Zip Code TX 78704-4110	Transaction ID : PR5476413406 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.34
Name of Employer	_	
New York Life Insurance Company Receipt For: Primary General Other (specify) ▼	Agent Aggregate Year-to-Date ▼ 833.40	P/R Deduction (\$83.34 Monthly)
SUBTOTAL of Receipts This Page (optional) >	354.18
	<u>-</u>	
TOTAL This Period (last page this line numb	JCI UIIIY)	